



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600001

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FEN/YANG RESTAURANT, INC

DOING BUSINESS AS FEN YANG HOUSE II

ADDRESS 00040A ATLANTIC AVE.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: CHEN, ZHI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

5200 SQ. FT., SINGLE STORY BRICK FRONT BLDG. 165 SEATS IN DINING ROOM, 2000 SQ. FT. SEPARATE 50 SEAT COCKTAIL LOUNGE WITH BAR DOUBLE FRONT DOORS, FULLY EQUIPPED 1200 SQ. FT. KITCHEN WITH STORAGE. TWO REAR EXITS, TWO RESTROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600003

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZYX LLC

DOING BUSINESS AS SWEENEY'S RETREAT

ADDRESS 18 ATLANTIC AVE.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: SWEENEY, PHILIP TYPE OF LICENSE: Restaurant  
W.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLOOR, KITCHEN AND ONE LARGE ROOM APPROX. 24X50. 2ND FLOOR, KITCHEN  
AND ONE LARGE ROOM 24X50. NEW ADDITION ENLARGES RESTAURANT ON FIRST  
FLOOR WHERE ALCOHOLIC BEVERAGES WILL BE SERVED APPROX. 30X26.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600005

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GERRY #5 VETERAN FIREMAN ASSOCIATION INC.

DOING BUSINESS AS

ADDRESS 210 BEACON ST.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: DODGE, ARTHUR  
HOWARD

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BRICK BLDG., MAIN HALL, CLUBROOM, KITCHEN, THREE BARS AND 2  
STOREROOMS AND PATIO.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600006

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PJ FOODS LLC

DOING BUSINESS AS HUNGRY BETTY'S BAR AND GRILL

ADDRESS BESSOM & PLEASANT ST

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: JOHNSON,  
PATRICIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UPPER LEVEL, 2 DINING ROOMS, 8 STOOL BAR. TOTAL CAPACITY 168, KITCHEN,  
STORAGE, LIQUOR STORAGE, TWO RESTROOMS, ONE ENTRANCE AND THREE EXITS.

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600008

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CORINTHIAN YACHT CLUB

DOING BUSINESS AS

ADDRESS CORINTHIAN LANE

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: TITUS, DAVID H. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR, FIVE ROOMS, TROPHY, BALLROOM, DINING ROOM HARBOR ROOM, BAR.  
TEN ROOMS ON SECOND FLOOR FOR GUESTS. CELLAR FOR STORAGE. SNACK BAR AND  
LUNCH COUNTER

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600009

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOSTON YACHT CLUB

DOING BUSINESS AS

ADDRESS 1 FRONT ST.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: DEVLIN, PHIL

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLOOR, KITCHEN, DINING ROOM, LOBBY, LOUNGE, DECK SERVICE BAR AND RESTROOMS. 2ND FLOOR, BAR & LOUNGE, 15 ROOMS INCLUDING MGT OFFICES, PLUS SLEEPING ACCOM. FOR GUESTS. 3RD FLOOR, SLEEPING ACCOM. FOR 18 GUESTS. ENTRANCE IN FRONT OF PARKING LOT. EXITS ON EACH SIDE.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600010

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW MARBLEHEAD LANDING, LLC

DOING BUSINESS AS THE LANDING

ADDRESS 81 FRONT ST.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: Simonelli, Robert J

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, FIRST FLOOR RESTAURANT, KITCHEN, PUB, BOILER ROOM, 2 RESTROOMS AND OUTSIDE DECK. SECOND FLOOR, STORAGE ROOMS, BEER AND WINE AND LIQUOR STORAGE, OFFICES, FOOD PREPERATION ROOMS.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600011

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BARNACLE CORPORATION

DOING BUSINESS AS

ADDRESS 141 FRONT ST.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: SAHAGIAN, JAY L. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLOOR, DINING AREA, OPEN PATIO, KITCHEN, 2 REST- ROOMS AND STORAGE AREA.  
CELLAR FOR STORAGE. 2ND FLOOR, OFFICE FOR MANAGER. ENTRANCE AND EXIT ON  
FRONT STREET.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600015

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HEADERS CLUB, INC.

DOING BUSINESS AS

ADDRESS 62 PLEASANT ST.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: ULUTAS, DINCER TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY WOOD FRAME BLDG. WITH ATTIC & BASEMENT. THREE GROUND FLOOR EXITS,  
FIRE ESCAPE FROM FIRST AND SECOND FLOORS. FLOOR AREA APPROX. 5400 SQ. FT.  
EACH FLOOR.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600016

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RIP TIDE LOUNGE, INC.

DOING BUSINESS AS

ADDRESS 116 PLEASANT ST.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: CIAMPA, GEORGE TYPE OF LICENSE: Restaurant  
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BAR & LOUNGE, KITCHEN, OFFICE, LIQUOR STORAGE TO REAR OF BLDG. STORAGE IN  
BASEMENT. EXIT TO REAR YARD.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600017

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZHU & CHEN, INC.

DOING BUSINESS AS IMPERIAL MANDARIN

ADDRESS 8 BESSOM STREET

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: CHOW, TAK  
LIENMEI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

VILLAGE PLAZA, SECOND FLOOR; DINING ROOM, KITCHEN, SEATING FOR 49 IN DINING AREA, SEATING FOR 45 IN LOUNGE, WITH 8 BAR STOOLS THREE RESTROOMS, UTILITY ROOM, TWO ENTRANCES AND EXITS.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600018

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAFE ITALIA OF MARBLEHEAD INC.

DOING BUSINESS AS CAFE' ITALIA

ADDRESS 12 SCHOOL ST.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: OLIVIERO,  
DONNA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY APPRX. 4760 SQ. FT WOOD AND MASONARY STRUCT URE CONSISTING OF  
KITCHEN, DINING ROOM, LOUNGE AREA, OFFICE, BASEMENT AND TWO BATHROOMS.  
ONE ENTRANCE LOCATED IN FRONT OF BLDG. TWO ENTRANCE/EXITS IN REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600022

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MADDIE'S SAIL LOFT INC.

DOING BUSINESS AS MADDIE'S SAIL LOFT

ADDRESS 15 STATE ST.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: LANG, LORETTA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. RESTAURANT ON FIRST AND SECOND FLOOR, KITCHEN ON FIRST FLOOR. FIRST FLOOR JOINED WITH SECOND FLOOR. TWO ENTRANCES AND TWO EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600023

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TEDESCO COUNTRY CLUB

DOING BUSINESS AS

ADDRESS 154 TEDESCO ST.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: Lindsay, Gregg

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUB HOUSE, TWO FLOORS, BASEMENT, MENS/WOMANS LOCKER ROOMS AND LOUNGE.  
STORAGE ROOM, BOILER ROOM. FIRST FLOOR MAIN HALL LOUNGE AREA, DINING  
ROOM, GRILL ROOM, KITCHEN, LIQUOR STORAGE, OFFICE, AND PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600024

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: The Hurricane Restaurant Inc

DOING BUSINESS AS HURRICANE

ADDRESS 259 WASHINGTON ST.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: Mc Mahon, Peter

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

TWO STORIES, FIRST FLOOR; ONE LARGE ROOM WITH SEATING BAR ON LEFT. LARGE FRONT DOOR. KITCHEN IN REAR AND REAR EXIT OFF KITCHEN. SECOND FLOOR; STORAGE AND OFFICE. PUB SEATS; 52, WIGHT SEATS IN THE OUTDOOR AREA IMMEDIATELY ABUTTING AND RUNNING PARALLEL WITH THE PREMISES. NO LIQUOR STORAGE IN BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600025

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHAPLAIN LYMAN ROLLINS POST

DOING BUSINESS A 2005 VETS OF FOREIGN WAR, INC.

ADDRESS 321 WEST SHORE DRIVE

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: BLAISDELL, JOHN TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, BASEMENT, BAR/LIQUOR STORAGE. GAME ROOM, BOILER ROOM,  
LOUNGE, OFFICE, 2 RESTROOMS, 2 EXITS. FIRST FLOOR, MEETING HALL, KITCHEN,  
LOBBY, STORAGE, 2 RESTROOMS, 2 EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600026

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE ATLAS GROUP LLC

DOING BUSINESS AS YANNALFO'S

ADDRESS 261 WASHINGTON ST.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: YANNALFO,  
BRETT C.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1000 SQ. FT. RESTAURANT ON 1ST FLOOR OF 2 STORY BLDG. APPROX. SEATING CAP. 39.  
KITCHEN APPROX. 450 SQ. FT. BASEMENT STORAGE APPROX 500 SQ. FT. ENTRANCES IN  
FRONT ON WASHINGTON ST. AND BACK TOWARDS PARKING LOT. BAR TO SEAT 10

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600027

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D J COLBERT, INC.

DOING BUSINESS AS SHUBE'S LIQUOR STORE

ADDRESS 16 ATLANTIC AVENUE

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: SHUBE, GEORGE  
H

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FL; 7000 S/F OF RETAIL & KITCHEN SPACE; 2ND FL. MEZZANINE SPACE, 3000 S/F TO BE USED AS OFFICES, A CONFERENCE ROOM, STORAGE AND RESTROOMS. 2 PUBLIC 1ST FL. ENTRANCE/EXITS. 2 NON-PUBLIC ENTRANCE/EXIT USED FOR DELIVERIES, RECYCLING AND STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600028

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CENTRAL PLAZA LIQUORS, INC.

DOING BUSINESS AS BEACH BLUFF LIQUORS

ADDRESS 260 HUMPHREY ST

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: DEMOULAS,  
PAMELA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ROOMS WITH CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600029

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DN LIQUORS CORP

DOING BUSINESS AS VILLAGE LIQUOR STORE

ADDRESS 22 BESSOM STREET

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: NGUYEN,  
THANH TAM T.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. MEASURING 43'X64' TWO PRIVATE ENTRANCES TO LIQUOR STORE.  
THERE ARE TWO OTHER COMMERCIAL TENANTS IN THE BLDG. WHICH HAVE OWN  
ENTRANCES AND EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
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239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600031

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Cheerful Package Store, Inc

DOING BUSINESS AS Haley's Wines & Spirits

ADDRESS 116 WASHINGTON ST

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: Vinette, Julie

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 1/2 STORY WOODEN BLDG. WITH ONE ENTRANCE AND SIDE DOOR. 2 ROOMS ON FIRST FLOOR USED FOR RETAIL AND STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600032

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CROSBY'S MARKETS, INC.

DOING BUSINESS AS CROSBY'S MARKET PLACE

ADDRESS 118 WASHINGTON ST

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: CROSBY, DAVID  
A.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PACKAGE STORE OPERATED IN CONJUNCTION WITH GROCERY STORE. FIRST FLOOR  
SALES WITH BASEMENT STORAGE. FRONT ENTRANCE REAR EXIT TO PARKING LOT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600033

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEACON HILL IMPORT CO, INC.

DOING BUSINESS AS

ADDRESS WOODFIN TERRACE

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: BROWN, PETER C TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. APPROX. 2000 SQ. FT. TOGETHER WITH ADDITIONAL STORAGE AND SERVICE AT 214 BEACON ST. WITH APPROX. 2800 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600042

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T & A FOOD ESTABLISHMENT, INC

DOING BUSINESS AS LE BISTRO CAFÉ & GRILL

ADDRESS 1 ATLANTIC AVE.

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: MABBOU, ZIAD

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Cordials

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LE BISTRO CAFE' & GRILL-SIT DOWN CAFE' SERVING MEDIT- ERANEAN FOOD WITH 22 SEATS AND 854 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600046

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HUNGRY CATS RESTAURANT GROUP

DOING BUSINESS A JACK-TAR AMERICAN TAVERN

ADDRESS 126 WASHINGTON STREET

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: BRANKMAN,  
SCOTT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

basement area and outside patio. Entrance and exits at rear of premises. Capacity is 70 inside and 30 outside

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600049

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Seaside Restaurant Group, LLC

DOING BUSINESS A Three Cod Tavern

ADDRESS 141 Pleasant St

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: Minot, Percy III

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

first floor; kitchen dining room, pub area, two lavs, basement for storage

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600050

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PETER CONWAY

DOING BUSINESS AS HARBOR LIGHTINN

ADDRESS 58 WASHINGTON STREET

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: CONWAY, PETER TYPE OF LICENSE: Innholder

CATEGORY: Wine and  
Malt Cordials

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLOOR-2 KITCHENS 2 DINING ROOMS, 2 LIVING ROOMS,

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600053

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOOD AT 5 LLC

DOING BUSINESS AS 5 CORNERS KITCHEN

ADDRESS 2-4 SCHOOL STREET

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: EDELMAN,  
BARRY J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2300 SQ. FT., FRONT ENTRANCES, RESTAURANT AND BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600054

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOEY DEE'S RESTAURANT GROUP LLC

DOING BUSINESS AS JOEY DEE'S ITALIAN GRILL

ADDRESS 114 PLEASANT STREET

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: COSTANCO,  
JOSEPH

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Cordials

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1500 SQ FT, STREET LEVEL..EAT IN/TAKE OUT RESTAURANT ...SEATING CAP.-30

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600055

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KITSSEN TABLE INC

DOING BUSINESS AS SOALI BISTRO

ADDRESS 10 BESSOM STREET, UNIT 9

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: LUNT, MIA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Cordials

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

950 SQ. FT. FRONT ENTRANCE, BATHROOM, KITCHEN AND STORAGE, 24 SEAT CAPACITY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 065600056

CITY OR TOWN MARBLEHEAD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THAIMARKET INC.

DOING BUSINESS AS THAIMARKET

ADDRESS 26 HAWKES STREET

CITY/TOWN: MARBLEHEAD

STATE: MA

ZIP CODE: 01945

MANAGER: KANCHANANAGA TYPE OF LICENSE: Restaurant  
, TOM

CATEGORY: Wine and  
Malt Cordials

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1900 SQ FT...2 ENTRANCES AND TWO EXITS..KITCHEN...BATHROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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